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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Application No.: 10/763,873

Confirmation No.: 6004

In re application of: Michael J. Lembo et al.

Filed: January 23, 2004

Technology Center/Art Unit: 1733

Examiner:

Docket No.: D0932-00432 [I-8847]

Customer No.: 08933

Title: APPARATUS AND METHOD FOR FORMING PERFORATED BAND JOIST

INSULATION

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ON: May 5, 2004

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When ?./

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

PRELIMINARY AMENDMENT

Sir:

Prior to examination, please amend the above-identified application as follows:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks begin on page 6 of this paper.

05/07/2004 SZEWDIE1 00000027 10763873

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PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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FEE	TRAI	VSMIT	TAL
	for F	2004	

Effective 10/01/2003. Patent fees are subject to annual revision.

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT

(\$)	18

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Complete if Known				
Application Number	10/763,873			
Filing Date	January 23, 2004			
First Named Inventor	Michael J. Lembo			
Examiner Name	not yet assigned			
Art Unit	1733			
Attorney Docket No.	D0932-00432 (I-8847)			

METHOD OF PAYMENT (check all that apply) FEE CALCULATION (continued)	FEE CALCULATION (continued)			
Check Credit card Money Other None 3. ADDITIONAL FEES				
Deposit Account:	Large Entity Small Entity			
Deposit O4 4070 Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe	Fee Paid			
Account Number 04-1679 1051 130 2051 65 Surcharge - late filing fee or oath				
Deposit Account DUANE MORRIS LLP 1052 50 2052 25 Surcharge - late provisional filing fee or cover sheet				
Name 1053 130 Non-English specification The Director is authorized to: (check all that apply)				
Charge fee(s) indicated below Credit any overpayments 1812 2,520 1812 2,520 For filing a request for ex parte reexamination				
Charge any additional fee(s) or any underpayment of fee(s) 1804 920* 1804 920* Requesting publication of SIR prior to Examiner action				
Charge fee(s) indicated below, except for the filing fee 1805 1,840* Requesting publication of SIR after Examiner action	1			
1251 110 2251 55 Extension for reply within first month				
FEE CALCULATION 1252 420 2353 240 Extension for reply within second month				
1. BASIC FILING FEE				
Fee Fee Fee Fee Description Fee Paid 1254 1.480 2254 740 Extension for reply within fourth month				
Code (\$) Code (\$)				
1001 770 2001 365 Guilly ming lee	- 1			
1002 340 2002 170 Design filing fee 1401 330 2401 165 Notice of Appeal 1403 530 2003 265 Plant filing fee 1402 330 2402 165 Filing a brief in support of an appeal				
1000 000 200 145 Remark for and harden				
1004 770 2004 385 Reissue filing fee 1403 290 2403 145 Request for oral nearing 1405 160 2005 80 Provisional filing fee 1451 1,510 1451 1,510 Petition to institute a public use proceeding				
1000 100 2000 CO TOTAL MINING TO THE STATE OF THE STATE O				
1453 1 330 2453 665 Petition to revive - unintentional				
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE 1501 1,330 2501 665 Utility issue fee (or reissue)				
Extra Claims below Fee Paid 1502 480 2502 240 Design issue fee				
Total Claims 27 -20** = 1 X 18 = 18 1503 640 2503 320 Plant issue fee				
Independent Claims				
Multiple Dependent 0 =0 1807 50 1807 50 Processing fee under 37 CFR 1.17(q)				
Large Entity Small Entity 1806 1806 180 1806 1806				
Code (\$) Code (\$) 8021 40 Recording each patent assignment per property (times number of properties)	ŀ			
1202 18 2202 9 Claims in excess of 20 1809 770 2809 385 Filing a submission after final rejection				
(0.00)				
1203 290 2203 145 Multiple dependent claim, if not paid 1810 770 2810 385 For each additional invention to be examined (37 CFR 1.129(b))				
over original patent 1801 770 2801 385 Request for Continued Examination (RCE)				
1205 18 2205 9 ** Reissue claims in excess of 20 1802 900 1802 900 Request for expedited examination of a design application				
SUBTOTAL (2) (\$) 18 Other fee (specify)	Other fee (specify)			
*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)				

(Complete (if applicable)) SUBMITTED BY Registration No. Name (Print/Type) Steven E, Koffs 37,163 Telephone 215-979-1250 Date Signature

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